

# **Addition to Residential, Single-Family House Permitting Package**

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**PLEASE READ  
NEXT PAGE FOR  
PERMITTING PROCEDURES**

# Addition to Single-Family House Permitting Package

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## **PLEASE READ CAREFULLY BEFORE STARTING THE PROCESS**

### **List of Required Documentation**

- ☐ Complete the entire permit application packet in its entirety including the Zoning & Health forms.
- ☐ Provide two (2) copies of site plans reflecting location of proposed addition. Consult with Land Use Agency and the Health District for map requirements.
- ☐ Provide two (2) copies of building plans drawn to scale.
- ☐ The Connecticut 7B Worker's Compensation Form must be completed and notarized.
- ☐ If the Applicant is not the Owner of the Property, the Letter of Authorization must be completed.
- ☐ Provide a copy of the Connecticut Home Improvement Contractor Registration/License.
- ☐ If applicable, contact CL&P to get a *Call Before You Dig Number* (1-800-922-4455).
- ☐ Permit fees will be collected by each department separately and to be paid by check or cash only. Checks are made payable to "Town of Newtown."

### **Procedure to Follow to Submit a Permit Application for Review & Issuance**

**Only (2) copies of the building plans, (2) copies of the site plan with proposed addition, and the completed permit application are required for the procedure below.**

- ☐ **Step 1: Health District / (203) 270-4291**
  - Submit completed Health Department Permit Application, and pay fee.
  - Present two (2) copies of building plans, (2) copies of site plans & Building Permit Application for signature.
- ☐ **Step 2: Land Use Agency / (203) 270-4276**
  - Submit completed Zoning Permit Application, and pay fee.
  - Present two (2) copies of building plans, (2) copies of site plans & Building Permit Application for signature. Land Use will retain a site plan for their files.
- ☐ **Step 3: Building Department / (203) 270-4260**
  - Submit for review two (2) sets of the department signed Building Plans, the remaining site plan, and Building Department Permit Application with required forms noted above.
  - The Building Department will call the Applicant when the Permit is ready to be issued and paid for. Once this main permit is paid for, the mechanical permits (HVAC, Electric, Plumbing, etc.) may be pulled. The mechanical permits are issued the same day with payment made by check or cash for each one.

## TOWN OF NEWTOWN BUILDING DEPARTMENT

## ADDITION TO RESIDENTIAL, SINGLE-FAMILY HOUSE PERMIT APPLICATION

Permit No.:

Receipt No.:

Date Issued:

## REQUIRED DEPARTMENTS TO SIGN OFF ON PERMIT APPLICATION

Zoning:

Conservation:

Health:

Engineer:

Is this structure in the Borough?

Is this structure in the Hattertown District?

Is this structure a Historic Building designated by The State Historical Preservation Officer?

Approval Signature of Historic District Representative:

All refunds must be requested within 30 days of permit date if project under this permit is cancelled.

Date:

Property Location Street Address:

## COMPLETE OWNER'S CONTACT INFORMATION BELOW

Owner's Name as it Appears in Land Records:

Owner's Email:

Owner's Street Address:

Town/City:

State:

Zip Code:

Home Phone Number:

Work Phone Number:

Fax Number:

## IF NOT THE OWNER, COMPLETE THE APPLICANT'S CONTACT INFORMATION

If the Applicant is not the Owner, a Letter of Authorization from the Owner will be required to pull this permit.

Applicant's Name:

Applicant's Email:

Street Address:

Town/City:

State:

Zip Code:

Applicant's Phone Number:

Work Phone Number:

Fax Number:

## LICENSED CONTRACTOR INFORMATION

If the Contractor is pulling this permit, a Letter of Authorization from the Owner will be required.

Name of Contractor:

Contractor's Email:

Contractor's Business Name:

Street Address:

Contractor's Phone Number:

Town/City:

State:

Zip Code:

Home Improvement Contractor License Number:

HIC Expiration Date:

Complete the description of work to be done below:

Will there be a change in use? \_\_\_\_\_

Was work done without a permit? YES / NO Is the structure within the 100 year flood plain? YES / NO Flood Zone: \_\_\_\_\_

ESTIMATED CONSTRUCTION COST  
(Minus Cost of Mechanicals) \$

Call Before You Dig: (800) 922-4455 BUD#:

## ESTIMATED COST OF MECHANICALS

Electrical Cost &amp; Security Alarm Cost:

Heating Cost:

Pump Cost:

Plumbing Cost:

A/C Cost:

Gas/Propane Cost:

**Page 2 - Addition to Residential Single-Family House Permit Application**

**Please fill-in sub-contractor and contact telephone number below.**

*It is the responsibility of the property owner or the owner's agent to hire contractor(s) licensed by the State of Connecticut for each mechanical trade. The owner or owner's agent is required to get a signed Letter of Authorization by each contractor should the Owner or Owner's Agent be pulling a permit using the contractor's license.*

Trade	Name of Sub-Contractor/Company	Telephone #
PLUMBING		
ELECTRICAL		
HEATING & A/C		
PUMP		
L.P. GAS OR NATURAL GAS		
ALARM		
MASONRY		
FIREPLACE INSERT		
OTHER:		

**COMPLETE SINGLE-FAMILY RESIDENTIAL HOUSE INFORMATION BELOW**

How many bedrooms?		How many rear decks?	
How many bathrooms?		How many front decks?	
Is there a finished basement?		How many side decks?	
Is there a finished bonus room?		Is there a front porch?	
Is there a screened-in porch?		Are there side porches?	
Is there a 3-season room?		Is there a rear porch?	

**All applicable information must be filled in or this permit cannot be processed.**

*I hereby agree to conform to all of the requirements set forth by Connecticut State laws and the State of Connecticut Building Code in addition to the Ordinances of the Town of Newtown and to notify the Building Official of any alteration on the plans or specifications of the building for which this permit is asked. I agree that this building meets Town of Newtown Zoning & Conservation and the Health Department's set backs from all street lines, side yard lines, well(s), septic(s), and the required distances from all other zones and is located in a zone which this building and its use is allowed.*

Owner's Signature: \_\_\_\_\_

Owner's Printed Name: \_\_\_\_\_

Owner's Agent's Signature: \_\_\_\_\_

Owner's Agent's Printed Name: \_\_\_\_\_

**Letter of Authorization – Contractor to Sign:** *Contractor giving authorization to the Homeowner/Property Owner permission to pull a permit using his/her State of Connecticut, Home Improvement Contractor's License.*

Newtown Building Department  
3 Primrose Street  
Newtown, CT 06470

To the Town of Newtown Chief Building Official:

I \_\_\_\_\_, give \_\_\_\_\_ permission to obtain  
a/an \_\_\_\_\_ permit using my Contractor's License for work to be done  
at property location: \_\_\_\_\_.

Sincerely,

Date:

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

**Letter of Authorization – Homeowner/Property Owner to Sign:** *Homeowner/Property Owner giving authorization to the Contractor permission to pull a permit at the Homeowner's/Property Owner's address of where the permit scope of work will be performed.*

Newtown Building Department  
3 Primrose Street  
Newtown, CT 06470

To the Town of Newtown Chief Building Official:

I \_\_\_\_\_, give \_\_\_\_\_ permission  
to obtain a building permit for a/an \_\_\_\_\_ permit at my property  
location of: \_\_\_\_\_.

Sincerely,

Date:

\_\_\_\_\_

\_\_\_\_\_

3 Primrose Street  
Newtown, Connecticut 06470

Tel. (203) 270-4370  
Fax. (203) 270-1528



**TOWN OF NEWTOWN  
Office of the Fire Marshal**

**To:** All Building Contractors  
**From:** Richard Frampton  
**Subject:** Outside Burning at Construction Sites

Section 22a-174 of the Connecticut General Statutes is the enabling legislation which governs the administrative regulations for the control of open burning. These regulations empower the local open burning official to only issue permits to any resident of the Town to dispose of brush on property where he resides. This means that if there is no residential structure occupied on the property, a permit cannot be issued. Owners or contractors wishing to burn brush on vacant land or construction sites cannot be issued permits. In such circumstances, the brush should be piled to one side of the property and burned when there is an occupied residential structure on the site. Burning permits for brush only are issued by the Fire Marshal's Office from November 1 through April 1. Owners or contractors should contact the Fire Marshal's Office for conditions of burning as set forth in the regulations.

**No burning of construction materials at construction sites in the Town of Newtown is permitted.** Debris should be piled into a dumpster and disposed of properly.

**Should the fire department be called to a construction site for a fire it will be extinguished, and the contractor may be arrested for burning without a permit. The contractor will also be billed a set amount by the fire department for the responses and extinguishment.**

Your signature on this letter acknowledges your receipt of the above information.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Tel. Phone Number

\_\_\_\_\_  
Job Location

3 PRIMROSE STREET  
NEWTOWN, CT 06470

203-270-4260 PHONE  
203-270-4263 FAX



## TOWN OF NEWTOWN

BUILDING DEPARTMENT

### New Foundation Concrete Information

Project Permit Number: \_\_\_\_\_

Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Project Address: \_\_\_\_\_

Description of Project: \_\_\_\_\_

Property Owner: \_\_\_\_\_

\*Name of Concrete Supplier: \_\_\_\_\_

\*Name of Concrete Installer: \_\_\_\_\_

Applicant (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**As of October 1, 2016 per the State of Connecticut Substitute House Bill No. 5180, Public Act No. 16-45: Act Concerning Concrete Foundations:** this form must be provided by the Applicant (Owner/Contractor/Agent for Owner) for any new structure requiring a foundation prior to the issuance of a Certificate of Occupancy for this project as stated herein above.



***Substitute House Bill No. 5180***

***Public Act No. 16-45***

***AN ACT CONCERNING CONCRETE FOUNDATIONS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective October 1, 2016*) Prior to the issuance of a certificate of occupancy for a new residential or commercial building for which a concrete foundation was installed on or after October 1, 2016, the applicant shall provide the building official with written documentation of the name of the individual or entity that supplied the concrete and the name of the individual or entity that installed the concrete. Copies of such documentation shall be maintained in the records of the office of the building official for not less than fifty years.

Sec. 2. (NEW) (*Effective from passage and applicable to assessment years commencing on or after October 1, 2016*) (a) Any owner of a residential building who has obtained a written evaluation from a professional engineer licensed pursuant to chapter 391 of the general statutes indicating that the foundation of such residential building was made with defective concrete may provide a copy of such evaluation to the assessor and request a reassessment of the residential building by the assessor. Not later than ninety days after receipt of a copy of such evaluation, or prior to the commencement of the assessment year next following, whichever is earlier, the assessor, member of the assessor's staff or person designated by the assessor shall inspect the residential

***Substitute House Bill No. 5180***

building and adjust its assessment to reflect its current value. Such reassessment may be appealed pursuant to section 12-111 of the general statutes. Any reassessment under this section shall apply for five assessment years, notwithstanding the provisions of section 12-62 of the general statutes.

(b) An owner of a residential building that has obtained a reassessment pursuant to this section shall notify the assessor if the concrete foundation is repaired or replaced during the five assessment years for which the reassessment is effective. Such notification shall be made in writing within thirty days of the repair or replacement of the concrete foundation. Not later than ninety days after receipt of such notification, or prior to the commencement of the assessment year next following, whichever is earlier, the assessor, member of the assessor's staff or person designated by the assessor shall inspect the residential building and adjust its assessment to reflect its current value.

Sec. 3. (*Effective July 1, 2016*) Not later than January 1, 2017, the Commissioner of Consumer Protection, after consulting with the Attorney General, shall submit a report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to planning and zoning, on the potential cause or causes of failing concrete foundations. Not later than January 1, 2017, the Commissioner of Consumer Protection shall post such report on the Department of Consumer Protection's Internet web site.

Sec. 4. (NEW) (*Effective from passage*) Any documentation provided to or obtained by an executive branch agency, including documentation provided or obtained prior to the effective date of this section, relating to claims of faulty or failing concrete foundations in residential buildings by the owners of such residential buildings, and documents prepared by an executive branch agency relating to such documentation, shall be maintained as confidential by such agency for

***Substitute House Bill No. 5180***

not less than seven years after the date of receipt of the documentation or seven years after the effective date of this section, whichever is later.

Sec. 5. Subsection (b) of section 1-210 of the 2016 supplement to the general statutes is amended by adding subdivision (28) as follows  
*(Effective from passage):*

(NEW) (28) Any documentation provided to or obtained by an executive branch agency, including documentation provided or obtained prior to the effective date of this section, relating to claims of faulty or failing concrete foundations in residential buildings by the owners of such residential buildings, and documents prepared by an executive branch agency relating to such documentation, for seven years after the date of receipt of the documentation or seven years after the effective date of this section, whichever is later.

Approved May 25, 2016

Proudly serving the  
towns of Bridgewater,  
Newtown and Roxbury



3 Primrose Street  
Newtown, CT 06470  
P: (203) 270-4291

www.newtown-ct.gov/health-district

**NEWTOWN DISTRICT DEPARTMENT OF HEALTH  
APPLICATION FOR BUILDING PERMIT APPROVAL / SIGN OFF**

**This is not a Building Permit - A permit from the Building Department is required prior to construction.**

Street Address of Proposed Project		Town	
Owner	Phone	Email	
Contractor Name	Phone	Email	
Contractor Address	Town	State	Zip Code
Lot Size	Septic and Well Information Provided:		Yes No

This application must be accompanied by:

- A sketch/drawing showing relative distances to septic systems and wells and a code-complying area, if required
- **A check made payable to Newtown Health District in the amount of:**

FEES: circle appropriate fee:

- |          |  |
|----------|--|
| \$ 15.00 | Accessory Structure (on ground or sonotube) shed, deck, gazebo, etc. |
| \$ 25.00 | Addition/Structure (requiring foundation/slab) not habitable         |
| \$ 50.00 | Additions, habitable space   |
| \$ 50.00 | Commercial Building/Space, per 1,000 square feet                     |
| \$ 25.00 | Commercial Building Fit-out  |
| \$ 25.00 | Finished Basement, without potential BR                              |
| \$ 50.00 | Finished Basement, with potential BR                                 |
| \$100.00 | New Residential/Per Single Family Unit                               |
| \$ 10.00 | Properties on public sewer   |
| \$ 10.00 | Residential Renovations/Change of Use                                |
| \$ 25.00 | Swimming pool, above ground  |
| \$ 50.00 | Swimming pool, in-ground   |

Description of Building/Addition/Structure: \_\_\_\_\_

Owner or Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A letter of Authorization is acceptable in place of Owner's Signature.

**Health District Use Only**

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Comments: \_\_\_\_\_

Sanitarian: \_\_\_\_\_ Decision Date: \_\_\_\_\_

## Town of Newtown Zoning Department

The square footage spaces listed below must be accurately  
Filled and only for new space

### Zoning Permit Fee

Applicant/Agent \_\_\_\_\_

Address \_\_\_\_\_

AREA	Square Footage
1 <sup>st</sup> Floor	_____
2 <sup>nd</sup> Floor	_____
Habitable Attic	_____
Basement	_____
Garage	_____
Porches with a Roof	_____
Sheds	_____
Carports	_____
Barns	_____
Other (list)	_____
Total Square Footage	_____
Total Fee \$	_____

I attest that the above information is true and accurate to the best of my knowledge and belief.

Signed \_\_\_\_\_ Printed Name \_\_\_\_\_

## Address for Land Use Files

**TOWN OF NEWTOWN**  
**APPLICATION FOR ZONING PERMIT**

1. Owner \_\_\_\_\_

2. Applicant \_\_\_\_\_

3. Project Address:

4. Phone \_\_\_\_\_

5. Email \_\_\_\_\_

6. Permit for (Specify use below selection):

a) \_\_\_\_\_ New Building or Structure

b)        Enlarged Building or Structure

c)          Structural Alteration (no increase in area)

d) \_\_\_\_\_Landscape Work (includes ¼ acre ponds)

e) Change in Use

f)        Temporary Use

g)          Other Use

Description of Activity:\_\_\_\_\_

7. Present use of lot (i.e. Single Family Residence)

8. Attached Plans: \_\_\_\_\_ yes \_\_\_\_\_ no  
 \_\_\_\_\_ not necessary

8. Will any topsoil or earth materials other than

topsoil be removed from the lot or onto the

lot? \_\_\_\_\_ yes \_\_\_\_\_ no

*I declare under penalties of false statements that the statements of the foregoing application are complete and true.*

*This is a decision of a Zoning officer and may be appealed to Zoning Board of Appeals in accordance with §8.7 of the CT General Statutes within 15 days.*

Owner/Applicant

Date \_\_\_\_\_

ZEO Notes: \_\_\_\_\_

### ZEO Signature

Date \_\_\_\_\_

Fee \$ \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_